

Official Form 1 (4/07)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Hardin, Henry			Name of Joint Debtor (Spouse) (Last, First, Middle): Hardin, Fredia																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																						
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-5421			Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-0295																						
Street Address of Debtor (No. and Street, City, and State): 148 Moonlight Road Matteson, IL <div style="text-align: right; font-size: small;">ZIP Code 60443</div>			Street Address of Joint Debtor (No. and Street, City, and State): 148 Moonlight Road Matteson, IL <div style="text-align: right; font-size: small;">ZIP Code 60443</div>																						
County of Residence or of the Principal Place of Business: Cook			County of Residence or of the Principal Place of Business: Cook																						
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>																						
Location of Principal Assets of Business Debtor (if different from street address above):																									
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
Statistical/Administrative Information *** Lorraine M. Greenberg ARDC No.: 03129023 *** <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;">1- 49</td> <td style="text-align: center;">50- 99</td> <td style="text-align: center;">100- 199</td> <td style="text-align: center;">200- 999</td> <td style="text-align: center;">1000- 5,000</td> <td style="text-align: center;">5001- 10,000</td> <td style="text-align: center;">10,001- 25,000</td> <td style="text-align: center;">25,001- 50,000</td> <td style="text-align: center;">100,001- 100,000</td> <td style="text-align: center;">OVER 100,000</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						1- 49	50- 99	100- 199	200- 999	1000- 5,000	5001- 10,000	10,001- 25,000	25,001- 50,000	100,001- 100,000	OVER 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Estimated Assets <table style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$10,000</td> <td style="text-align: center;"><input type="checkbox"/> \$10,001 to \$100,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1,000,001 to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table>				<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Estimated Liabilities <table style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td> <td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1,000,001 to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hardin, Henry

Hardin, Fredia

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Lorraine M. Greenberg ARDC No. April 30, 2007

Signature of Attorney for Debtor(s)

(Date)

Lorraine M. Greenberg ARDC No.: 03129023

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hardin, Henry

Hardin, Fredia

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Henry Hardin
Signature of Debtor **Henry Hardin**

X /s/ Fredia Hardin
Signature of Joint Debtor **Fredia Hardin**

Telephone Number (If not represented by attorney)

April 30, 2007

Date

Signature of Attorney

X /s/ Lorraine M. Greenberg ARDC No.:
Signature of Attorney for Debtor(s)

Lorraine M. Greenberg ARDC No.: 03129023
Printed Name of Attorney for Debtor(s)

Lorraine Greenberg and Associates LLC
Firm Name

**20 E. Jackson Blvd.
Suite 800
Chicago, IL 60604**

Address

**Email: lgreenberg@greenberglaw.net
312-408-0007 Fax: 312-264-5620**

Telephone Number

April 30, 2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re Henry Hardin
Fredia Hardin

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Henry Hardin
Henry Hardin

Date: April 30, 2007

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re Henry Hardin
Fredia Hardin

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Fredia Hardin
Fredia Hardin

Date: April 30, 2007

Accelerated Rehab Centers LTD
35212 Eagle Way
Chicago, IL 60678-1352

Account Management Service
POB 19617
Indianapolis, IN 46219-0617

Alverno Clinical Laboratories LLC
555 West Court Street
Suite 300
Kankakee, IL 60901

American General Finan
4535 Lincoln Hwy
Matteson, IL 60443

AMS
PO Box 19617
Indianapolis, IN 46219-0617

Applied Card Bank
Bankcard Center
PO Box 1170
Wilmington, DE 19850-1170

Associated St James Radiologists
P.O. Box 3597
Springfield, IL 62708-3597

Associated St. James Radiologists
P.O. Box 3597
Springfield, IL 62708-3597

Bally Total Fitness
12440 E Imperial Suite 3
Norwalk, CA 90650

Bank Of America
Po Box 84006
Columbus, GA 31908

Best Buy
PO Box 5244
Carol Stream, IL 60197-5244

Best Buy
Retail Services
P.O Box 15521
Wilmington, DE 19850-5521

Best Buy
PO Box 15524
Wilmington, DE 19850

Capital One
P.O. Box 30285
Salt Lake City, UT 84130-0285

CB Accounts
PO Box 1289
Peoria, IL 61654-1289

Cb Accts Inc
1101 Main St Suite
Peoria, IL 61606

Cb Usa Inc
55252 Hohman Ave
Hammond, IN 46320

CBUSA
P.O. Box 8000
Hammond, IN 46325

Cfmc
4050 Regent Blvd
Irving, TX 75063

Chase/Cc
Po Box 100019
Kennesaw, GA 30156

Citifinancial Retail S
Po Box 22066
Tempe, AZ 85285

CollectionCompany of America
700 Longwater Driv
Norwell, MA 02061

Consultants in Pathology
2020 Lindell Ave
Nashville, TN 37203

Countrywide Home Loans
Attn: Customer Service
SVB-314 PO Box 5170
Simi Valley, CA 93062-5170

Creditors Collection
PO Box 63
Kankakee, IL 60901-0063

Creditors Collection B
755 Almar Pkwy
Bourbonnais, IL 60914

Creditors Collection Bureau, Inc
PO Box 1210
Oaks, PA 19456

Credtrs Coll
Pob 63
Kankakee, IL 60901

Emerge Card
PO Box 105555
Atlanta, GA 30348-5555

Evergreen Health Care, SC
5540 W 111th Street
Oak Lawn, IL 60453

Fhutcredadv
Po Box 3335
Saint Cloud, MN 56372

Gemb/Walmart
Po Box 981400
El Paso, TX 79998

Horizon Healthcare Associates
19550 S Governors Highway
Suite 2000
Flossmoor, IL 60422-2136

HSBC Cardmember Services
PO Box 21550
Tulsa, OK 74121-1550

HSBC Mastercard
PO Box 80084
Salinas, CA 93912

Hsbc Nv
Po Box 19360
Portland, OR 97280

Hsbc Nv
Pob 19360
Portland, OR 97280

Hsbc/Bstby
1405 Foulk Road
Wilmington, DE 19808

Hsbc/Rs
90 Christiana Rd
New Castle, DE 19720

Hsbc/Wicks
90 Christiana Rd
New Castle, DE 19720

Human Claims Office
PO Box 14601
Lexington, KY 40512-4601

HVI Clinic
30 E 15th Street
Suite 406
Chicago Heights, IL 60411

Ingalls Memorial Hospital
Attn: Patient Financial Services
One Ingalls Drive
Harvey, IL 60426

JCC - JC Christensen & Assoc Inc
PO Box 519
Sauk Rapids, MN 56379

Medical Collections Sy
725 S. Wells Ave Ste 700
Chicago, IL 60607

Medsource LLC
PO Box 1248
Bloomington, IL 61702-1248

MidAmerica Cardiovascular Consultan
5009 W. 95th Street
Oak Lawn, IL 60453-2401

Mutual Hospital SV
c/o John Richard Edwards
9650 Gordon Drive
Highland, IN 46322

Mutual Hsp Srvcs In
2525 N Shadeland Ave Ste
Indianapolis, IN 46219

Nco Fin/55
Po Box 13570
Philadelphia, PA 19101

Nicor Gas
1844 Ferry Road
Naperville, IL 60563

Olympia Fields Eyecare Ltd
3700 W 203rd, Suite 103
Olympia Fields, IL 60461

Pellettieri
991 Oak Creek Dr
Lombard, IL 60148

Pellettieri & Associates LTD
991 Oak Creek Dr
Lombard, IL 60148

Providian
Pob 9023
Pleasanton, CA 94566

Providian Financial
Po Box 660509
Dallas, TX 75266

Ridge Orthopedic & Rehab
5540 W 111th Street
Oak Lawn, IL 60453

Rodger C Lerohl, DDS
19710 Governors Hwy #10
Flossmoor, IL 60422-2080

South Suburban Cardiology Assoc LLC
PO Box 308
Mishawaka, IN 46546-0308

St James Anesthesia
PO Box 732
Chicago Heights, IL 60412-3483

St James Health Center
37653 Eagle Way
Chicago, IL 60678

St James Home Health Service
1400 Otto Blvd.
Chicago Heights, IL 60411-3483

St James Hospital & Health Center
c/o Mutual Hospital Services
PO Box 19828
Indianapolis, IN 46219-0828

St James Hospital & Health Centers
20201 S Crawford Drive
Olympia Fields, IL 60461

St james Hospital & Health Centers
Attn: Patient Accounts
1423 Chicago Road
Chicago Heights, IL 60411

Suburban Cardiology Associates
c/o CB Accounts Inc
1101 Main Street
Peoria, IL 61606

Taylor Bean
101 Ne 2nd Street
Ocala, FL 34470

Thera Tech Equipment, Inc
1730 Park Street, Suite 101
Naperville, IL 60563

Transworld Systems Inc.
Collection Agency
25 Northwest Pt. Blvd., Suite 750
Elk Grove Village, IL 60007

University of Chicago Hospitals
1122 Payshire Circle
Chicago, IL 60674

Wachovia Dealer Services
Attn: Correspondence
PO Box 168048
Irving, TX 75016-8048

Wash Mutual/Providian
Po Box 660433
Dallas, TX 75266-0433

Washinton Mutual/Providian
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